

Iowa Health Insurance Marketplace

www.healthcare.gov



CUT THE COST

of Health Insurance

A new tax credit helps
lower- and middle-income families

1 Do I Qualify?

If you answer **NO** to ALL of these questions, you may qualify:

1. Does your employer offer health insurance? ☐ YES ☐ NO
2. Do you receive Medicare? ☐ YES ☐ NO
3. Does your family make *more* than the yearly income below? ☐ YES ☐ NO

FAMILY SIZE	YEARLY INCOME
1	\$45,960
2	\$62,040
3	\$78,120
4	\$94,200
5	\$110,280
6	\$126,360

If your income is near these amounts, you may still qualify.



2

How Does the New Tax Credit Work?

What is this tax credit?

The Health Premium Tax Credit reduces the total amount of tax you owe the IRS. If you don't owe, you can get a bigger refund. You get the tax credit to help cut the cost of your health insurance.

Can I use my tax credit for any health plan?

NO. You MUST buy your health insurance from:

Iowa Health Insurance Marketplace

1-800-318-2596

www.healthcare.gov

This new marketplace offers a wide variety of health plans with good benefits. All plans cover prescriptions, hospital stays, doctor visits and more. If you buy different coverage, you won't get the tax credit help.



How much help will I get?

The amount depends on your family income and your family size. Lower income families get the most help.

When does it start?

The tax credit begins with insurance that starts January 1, 2014 — or later.

CALL 1-800-318-2596

3

Two Ways to Take the Tax Credit

Take It Now!

**October 2013
– March 2014**

- Sign up for health insurance at **www.healthcare.gov**
- Tell them you want the tax credit “in advance”
- Choose to take all your credit in advance — or just part of it

During 2014

- Pay a lower premium each month in 2014 — and now you are covered

**January 2015
– April 2015**

- Get a statement from your Health Insurance Marketplace showing how much tax credit you received in 2014
- File your 2014 taxes, including information about tax credit already taken

ADVANTAGE: Lower your health care premium each month!

Jane needs to decide which way works best for her. Either way, she gets the same total tax credit for the year.

“If I take the tax credit now, I lower my monthly premium costs to \$60.”

Monthly Premium	\$300
Monthly Tax Credit	– \$240
New Monthly Cost	\$60

VISIT www.healthcare.gov

— You Decide!

Take It Later!

**October 2013
– March 2014**

- Sign up for your health insurance at **www.healthcare.gov**

During 2014

- Pay the full premium each month in 2014 — and now you are covered

**January 2015
– April 2015**

- File your 2014 taxes
- Subtract your tax credit from the tax you owe — or get a bigger refund if you don't owe anything

ADVANTAGE: Lower the amount you pay at tax time!



*"If I take the same tax credit later,
I pay the full \$300 premium now
but get a bigger refund next April."*

Tax Due	\$900
Yearly Tax Credit	– \$2,880
IRS Refund	\$1,980

CALL 1-800-318-2596

4

Taking Your Credit Now? Get the

If you take the tax credit in **advance**, changes to your family size or income — or even a new job that offers health insurance — could mean you're getting the wrong amount of tax credit. To make sure you get the right amount, call when you have changes:



Iowa Health Insurance Marketplace

1-800-318-2596

www.healthcare.gov



When can family size change?

- You get married or divorced
- You have a baby
- You no longer claim your child on your tax return

 Family size goes DOWN	Call to recalculate your credit so you won't owe money.
 Family size goes UP	Call so you might get more credit.

When can income change?

- You get a raise
- You lose your job
- You take a salary cut

 Income goes DOWN	Call so you might get more credit.
 Income goes UP	Call to recalculate your credit so you won't owe money.

Remember: It's your responsibility to tell your state's Marketplace!

VISIT www.healthcare.gov

Right Tax Credit.

What if your income changes each month?

Talk to your Marketplace about taking a partial credit. Your monthly premiums will still be lower but not as much. By taking the rest at tax time, there is less chance of repayment.

What if your new job offers health insurance?

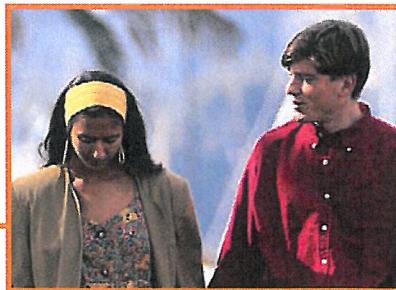
Call your state's Marketplace. You may no longer be eligible for your tax credit.

AVOID REPAYMENTS!

Claudia and Patrick's story

"In January, we decided to take the tax credit in advance. On August 1, I got a new job that increased our income so we no longer qualified for the tax credit. We forgot to tell our Health Marketplace. At tax time, we had to pay back \$2,000."

Tax credit they got over 12 months	\$4,800
Amount they should have gotten since credit ended in August	<u>– \$2,800</u>
Amount they must pay back	\$2,000



Remember: You control how much tax credit you use in advance.

CALL 1-800-318-2596

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How Do I Get Started?

- For details on whether you qualify and how much credit you will get, contact your state's Health Insurance Marketplace:

www.healthcare.gov

or Call Center

1-800-318-2596

- Need more advice? Talk to local assistors, such as navigators, brokers or agents who are familiar with this new program.
- At tax time, talk to your tax preparer or find free tax preparation help at:

irs.treasury.gov/freetaxprep

or call

1-800-906-9887

Distributed by

Iowa Insurance Division

Updated: 5/15/2013

Iowa Insurance Division

Itinerary of Statewide Marketplace Meetings - Fall 2013

Date	City	Audience	Meeting location
Saturday, September 21* 10:00 a.m.	Des Moines	Consumers	UnityPoint Health, Iowa Methodist Kelley Conference Room 1415 Woodland Avenue
Tuesday, September 24* 8:30 a.m.	Cedar Falls	Employers	City Hall, Council Chambers room 220 Clay Street
Saturday, September 28, 10:00 a.m.	Mason City	Consumers	Mercy Medical Center, East Campus Auditorium 1001 4th Street SW
Tuesday October 1, 2013* 1:30pm & 6:30pm	Dubuque	Employers/ Consumers	Morning location - NICC Town Clock Center for Professional Development, R#200, 680 Main Street Evening location- Eleanor Roosevelt Middle School Auditorium, 2001 Radford Road
Thursday, October 10 Noon / 6:30 p.m.	Council Bluffs	Employers/ Consumers	Morning location - Hy-Vee, 2323 W. Broadway, Evening location - Council Bluffs Community Hall, 205 S. Main St.
Wednesday, October 16, Noon	Decorah	Employers	Hotel Winneshiek 104 E Water Street
Thursday, October 17* Noon	Fort Dodge	Employers	Greater Fort Dodge Growth Alliance 1406 Central Avenue
Tuesday, October 22, Noon	Iowa City	Employers	Iowa City Public Library, Meeting Room A, 123 South Linn Street
Wednesday, October 23, 6:30 p.m.	Cedar Rapids	Consumers	Marion Public Library Meeting Room A 1095 Sixth Avenue
Thursday, October 24, 6:30 p.m.	Chariton	Consumers	Chariton City Community Center 915 Osage Ave.
Saturday, October 26, 10:00 a.m.	Burlington	Consumers	Burlington Public Library 210 Court St
Tuesday, October 29* 6:30 p.m.	Sioux City	Consumers	Mercy Medical Center, Leiter Room 801 Fifth Street
Saturday, November 2, 10:00 a.m.	Spencer	Consumers	Hy-Vee Spencer, Club Room 819 Grand Avenue
Monday, November 4, 6:30 p.m.	Storm Lake	Consumers	Buena Vista Regional Medical Center, Kallmer Education Center, 1525 W. 5 th Street
Wednesday, November 6, 6:30 p.m.	Carroll	Consumers	Carroll High School, Media Center 2809 North Grand Road
Thursday, November 7 Noon	Atlantic	Employers	Cass County Community Building 805 W. 10th St.
Saturday, November 9, 10:00 a.m.	Davenport/ Bettendorf	Consumers	Davenport Library, Eastern Ave. Branch, 6000 Eastern Ave, Davenport, Meeting Rooms A&B
Tuesday, November 12 Noon	Clinton	Employers	Mercy Medical North Campus Meeting Room A 1410 N 4th St, Clinton Iowa
Wednesday, November 13, 6:30 p.m.	Clarinda	Consumers	Lied Public Library 100 E Garfield St
Saturday, November 16, 10:00 a.m.	Elkader	Consumers	Central Community School Auditorium 400 1 st NW Elkader, IA
Thursday, November 21* 6:30 p.m.	Ottumwa	Consumers	Indian Hills Community College Advance Technical Center RM 132 526 Grandview Avenue

*Indicates Nick Gerhart, Iowa Insurance Commissioner will be presenting

Get Ready to Enroll in the Marketplace

Starting October 1, 2013, you can apply and enroll in health coverage through the Health Insurance Marketplace at HealthCare.gov. Health coverage starts as early as January 1, 2014, and open enrollment ends on March 31, 2014.

Through the Marketplace, you can apply, compare all your options, and find out if you can get lower costs on monthly premiums or get free or low-cost coverage. When you're ready to enroll, you'll decide how you pay your premiums or get help signing up for Medicaid or CHIP if you're eligible.

Before open enrollment begins, you can explore your options, prepare to apply, and sign up for Marketplace updates.

What you can do now to get started

- **Visit HealthCare.gov**
- **Subscribe to get updates and reminders**
- **Plan your budget, learn about coverage, and gather your information**

What you can do starting October 1

- **Apply by filling out the Marketplace application**
- **Compare your coverage options**
- **Enroll in a plan or program**

Explore your options

If you have job-based health insurance you like, you can keep it. You may be able to change to Marketplace coverage if you want to.

You can ask your employer if it plans to offer health insurance. If not, you may need to get insurance through the Marketplace or from other sources in 2014. If you don't have coverage, you may have to pay a fee.

When you visit HealthCare.gov, you can find out if your state runs its own Marketplace. If it does, you'll use its website instead of HealthCare.gov to apply, compare your options, and enroll in coverage.

If you run a small business, you can go to the Small Business Health Options Program (SHOP) Marketplace to find out about providing coverage for your employees.

If you have Medicare, you're already covered and don't need to make any changes.



Prepare to apply

The Marketplace offers different types of health plans to meet a variety of needs and budgets. You'll need to figure out how much you want to spend on health coverage each month.

Most people using the Marketplace will qualify to save money. To find out how much you're eligible for when you apply, it will help to have these things close by:

- Social Security numbers (or document numbers for legal immigrants)
- Birth dates
- Pay stubs, W-2 forms, or "Wage and Tax Statements"
- Policy numbers for any current health insurance
- Information about any health insurance you or your family could get from your jobs

Marketplace resources to help you now

There are resources available right now to help you learn about types of health coverage, research your questions, and get ready to choose a health plan that gives you the right balance of costs and coverage.

- Visit HealthCare.gov and subscribe to learn about key dates, news, and updates; or chat online with a Marketplace Call Center representative.
- Call the Marketplace Call Center at 1-800-318-2596. TTY users should call 1-855-889-4325.
- Like [Facebook.com/HealthCareGov](https://www.facebook.com/HealthCareGov).
- Follow [@HealthCareGov](https://twitter.com/HealthCareGov) on Twitter.





STATE OF IOWA

TERRY E. BRANSTAD
GOVERNOR

NICK GERHART
COMMISSIONER OF INSURANCE

KIM REYNOLDS
LT. GOVERNOR

What Is the Individual Health Insurance Requirement?

General Rule:

January 1, 2014 individuals will be required to have qualifying health coverage* or pay a tax penalty if they are not covered

EXEMPTIONS

- 8% of your income goes to pay for health insurance
- Your income is below the threshold requiring for filing taxes (check www.irs.gov for current dollar amounts)
- You qualify for religious exemptions
- You are an undocumented immigrant
- You are incarcerated
- You are a member of an Indian tribe

TAX PENALTIES/IMPLICATIONS

Penalty consists of the greater of a percentage of income or a dollar amount

	2014	2015	2016
Percent of income	1%	2%	2.5%
Dollar amounts*	\$95	\$325	\$695

*annual increases after 2016

Questions?

*qualifying health coverage includes insurance provided by your employer, Medicaid, Medicare, Hawk-I, and major medical insurance purchased on your own.

For more information go to: healthcare.gov or call 1-800-318-2596

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What Types of Plans are Available on the Marketplace?

- **Bronze**- lowest premiums and highest out of pocket costs.
Cost sharing of 60% paid by insurer; 40% paid by individual.
- **Silver**- lower premiums than gold and platinum, but with higher out-of-pocket costs.
Cost sharing of 70% paid by insurer; 30% paid by individual.
- **Gold** – lower premiums than platinum, but with higher out-of pocket costs.
Cost sharing of 80% paid by insurer; 20% paid by individual.
- **Platinum** – highest premium with lowest out of pocket costs.
Cost sharing of 90% paid by insurer; 10% paid by individual.

All Plans on the Marketplace:

- ✓ Have an annual out-of pocket limit.
- ✓ Must offer essential health benefits:
 - Prescription drugs
 - Emergency services
 - Hospitalization
 - Maternity & newborn care
 - Pediatric services
 - Preventive and wellness services and chronic disease management
 - Mental health and substance abuse services
 - Laboratory services
 - Ambulatory patient services
 - Rehabilitative & habilitative services and devices

*Individuals under 30 years of age or who qualify for a “hardship exemption” may qualify for a Catastrophic (high deductible) plan. No tax subsidies available for this type of plan.

For more information go to: [healthcare.gov](https://www.healthcare.gov) or call 1-800-318-2596



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Individual and Family Health Premium Tax Credit¹ Examples

The formula to determine a Health Premium Tax Credit is:

$$\text{Tax Credit} = \text{Cost of Silver Benchmark Plan}^2 - \text{Required Contribution}^3$$

Example 1

A household of two adults with an annual income of \$60,000. Based upon their income they make 387% of the federal poverty level. Their required contribution is 9.5% of their annual income or \$5,700 per year. The cost of the Silver Benchmark for their region is \$7,000 per year.

$$\text{Tax Credit} = \$7,000 (\text{Cost of Silver benchmark plan}) - \$5,700 (\text{Required Contribution})$$

$$\text{Tax Credit} = \$1,300$$

Example 2

A household of four, two adults and two children, with an annual income of \$40,000. Based upon their income and family size they make 170% of the federal poverty level. Their required contribution is 5.89% or \$2,650. The cost of the Silver Benchmark for their region is \$10,781 per year.

$$\text{Tax Credit} = \$10,781 (\text{Cost of Silver benchmark plan}) - \$2,650 (\text{Required Contribution})$$

$$\text{Tax Credit} = \$8,131$$

¹ This is for demonstrative purposes only. Talk to your tax professional for advice on tax credits, or apply at healthcare.gov.

² The Cost of Silver Benchmark Plans vary by region, age, number of persons on the policy, and whether you use tobacco. Check healthcare.gov starting on October 1, 2014 to see what plans are available.

³ To estimate your possible tax credit go to <http://kff.org/interactive/subsidy-calculator/>



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2013 Federal Poverty Level: If your household falls within this chart you might receive benefits.

Household Size	100%	133%	150%	200%	300%	400%
1	\$11,490	\$15,282	\$17,235	\$22,980	\$34,470	\$45,960
2	\$15,510	\$20,628	\$23,265	\$31,020	\$46,530	\$62,040
3	\$19,530	\$25,975	\$29,295	\$39,060	\$58,590	\$78,120
4	\$23,550	\$31,322	\$35,325	\$47,100	\$70,650	\$94,200
5	\$27,570	\$36,668	\$41,355	\$55,140	\$82,710	\$110,280
6	\$31,590	\$42,015	\$47,385	\$63,180	\$94,770	\$126,360
7	\$35,610	\$47,361	\$53,415	\$71,220	\$106,830	\$142,440
8	\$39,630	\$52,708	\$59,445	\$79,260	\$118,890	\$158,520
Each Additional Person	\$4,020	\$5,347	\$6,030	\$8,040	\$12,060	\$16,080

For More Information or to Enroll please go to www.HealthCare.gov or call 1-(800)-318-2596

A 2014 Comparison of Iowa Individual Health Insurance Premiums to Surrounding States

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Des Moines Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
IA	POLK	Silver	Coventry Health Care of Iowa Inc.	Silver \$10 Copay POS UnityPoint Health û Des Moines	POS	Rating Area 2	\$157.54	\$268.48	\$532.16	\$361.54	\$384.24	\$95.46
IA	POLK	Silver	CoOpportunity Health	CoOpportunity Preferred HSA UI Health Alliance Silver	EPO	Rating Area 2	\$180.15	\$307.01	\$608.54	\$413.43	\$439.38	\$109.16
IA	POLK	Silver	Coventry Health Care of Iowa Inc.	Silver \$10 Copay POS Plan	POS	Rating Area 2	\$184.27	\$314.04	\$622.44	\$422.87	\$449.42	\$111.65
IA	POLK	Silver	CoOpportunity Health	CoOpportunity Choice HSA UI Health Alliance Silver	PPO	Rating Area 2	\$188.33	\$320.94	\$636.14	\$432.18	\$459.32	\$114.11
IA	POLK	Silver	CoOpportunity Health	CoOpportunity Preferred UI Health Alliance Silver	EPO	Rating Area 2	\$193.59	\$329.91	\$653.92	\$444.26	\$472.14	\$117.30
						Avg of lowest 5 plans	\$180.78	\$308.08	\$610.64	\$414.86	\$440.90	\$109.54

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Iowa City Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
IA	LINN	Silver	Coventry Health Care of Iowa Inc.	Silver \$10 Copay POS UnityPoint Health	POS	Rating Area 6	\$170.52	\$290.59	\$575.98	\$391.31	\$415.88	\$103.32
IA	LINN	Silver	CoOpportunity Health	CoOpportunity Preferred HSA UI Health Alliance Silver	EPO	Rating Area 6	\$208.99	\$356.16	\$705.94	\$479.60	\$509.72	\$126.63
IA	LINN	Silver	Coventry Health Care of Iowa Inc.	Silver \$10 Copay POS Plan	POS	Rating Area 6	\$214.47	\$365.51	\$724.46	\$492.18	\$523.08	\$129.95
IA	LINN	Silver	CoOpportunity Health	CoOpportunity Choice HSA UI Health Alliance Silver	PPO	Rating Area 6	\$218.47	\$372.31	\$737.94	\$501.34	\$532.82	\$132.37
IA	LINN	Silver	CoOpportunity Health	CoOpportunity Preferred UI Health Alliance Silver	EPO	Rating Area 6	\$224.58	\$382.72	\$758.58	\$515.36	\$547.72	\$136.07
						Avg of lowest 5 plans	\$207.41	\$353.46	\$700.58	\$475.96	\$505.84	\$125.67

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Omaha Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
NE	DOUGLAS	Silver	Blue Cross and Blue Shield of Nebraska	SelectBluePlus \$1500 HDHP Silver	PPO	Rating Area 1	\$210.13	\$358.11	\$709.80	\$482.22	\$512.50	\$127.32
NE	DOUGLAS	Silver	Coventry Health Care of Nebraska Inc.	Silver \$10 Copay HMO Methodist Health Partners	HMO	Rating Area 1	\$222.23	\$378.73	\$750.66	\$509.98	\$542.00	\$134.65
NE	DOUGLAS	Silver	Coventry Health Care of Nebraska Inc.	Silver \$10 Copay POS MIPPA	POS	Rating Area 1	\$226.94	\$386.75	\$766.58	\$520.80	\$553.50	\$137.51
NE	DOUGLAS	Silver	Coventry Health Care of Nebraska Inc.	Silver \$10 Copay HMO Alegent Creighton Health	HMO	Rating Area 1	\$234.35	\$399.38	\$791.62	\$537.81	\$571.56	\$142.00
NE	DOUGLAS	Silver	CoOpportunity Health	CoOpportunity Premier HSA Silver	PPO	Rating Area 1	\$240.98	\$410.67	\$813.98	\$553.00	\$587.72	\$146.01
						Avg of lowest 5 plans	\$226.93	\$386.73	\$766.53	\$520.76	\$553.46	\$137.50

A 2014 Comparison of Iowa Individual Health Insurance Premiums to Surrounding States

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Lincoln Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
NE	LANCASTER	Silver	CoOportunity Health	CoOportunity Premier HSA Silver	PPO	Rating Area 2	\$192.56	\$328.16	\$650.42	\$441.88	\$469.64	\$116.67
NE	LANCASTER	Silver	CoOportunity Health	CoOportunity Premier Silver	PPO	Rating Area 2	\$199.99	\$340.82	\$675.54	\$458.95	\$487.76	\$121.18
NE	LANCASTER	Silver	Health Alliance-Alegent Creighton Health Partner	Guide HMO 30/60 2400/4800 30% 6000/12000 Rx3	HMO	Rating Area 2	\$239.64	\$408.39	\$809.46	\$549.93	\$584.46	\$145.20
NE	LANCASTER	Silver	Blue Cross and Blue Shield of Nebraska	BlueEssentialsPlus \$1900 HDHP Silver	PPO	Rating Area 2	\$244.82	\$417.23	\$826.98	\$561.83	\$597.10	\$148.34
NE	LANCASTER	Silver	Coventry Health Care of Nebraska Inc.	Silver \$10 Copay POS Plan	POS	Rating Area 2	\$250.83	\$427.47	\$847.26	\$575.61	\$611.76	\$151.98
						Avg of lowest 5 plans	\$225.57	\$384.41	\$761.93	\$517.64	\$550.14	\$136.67

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Chicago Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
IL	COOK	Silver	Blue Cross Blue Shield of Illinois	Blue Choice Silver PPO 003	PPO	Rating Area 1	\$172.41	\$293.81	\$582.36	\$395.64	\$420.48	\$104.46
IL	COOK	Silver	Blue Cross Blue Shield of Illinois	Blue Precision Silver HMO 002	HMO	Rating Area 1	\$173.58	\$295.81	\$586.32	\$398.33	\$423.34	\$105.17
IL	COOK	Silver	Blue Cross Blue Shield of Illinois	Blue Choice Silver PPO 004	PPO	Rating Area 1	\$181.77	\$309.78	\$614.00	\$417.14	\$443.34	\$110.14
IL	COOK	Silver	Humana Health Plan, Inc.	Humana Connect Silver 4600/6300 Plan	HMO	Rating Area 1	\$215.16	\$366.68	\$726.80	\$493.78	\$524.76	\$130.38
IL	COOK	Silver	Blue Cross Blue Shield of Illinois	Blue Cross Blue Shield Solution 4, a Multi-State Plan	PPO	Rating Area 1	\$233.29	\$397.58	\$788.04	\$535.38	\$568.98	\$141.36
						Avg of lowest 5 plans	\$195.24	\$332.73	\$659.50	\$448.05	\$476.18	\$118.30

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Peoria Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
IL	PEORIA	Silver	Coventry Health Care	Silver \$10 PPO Carelink Methodist	PPO	Rating Area 7	\$176.61	\$300.97	\$596.56	\$405.29	\$430.72	\$107.01
IL	PEORIA	Silver	Coventry Health Care	Silver \$15 Copay PPO Plan	PPO	Rating Area 7	\$204.63	\$348.72	\$691.20	\$469.59	\$499.08	\$123.99
IL	PEORIA	Silver	Health Alliance Medical Plans	Pathfinder POS 30/60 2400/4800/30% 5500/11000 Rx5	POS	Rating Area 7	\$220.19	\$375.25	\$743.78	\$505.31	\$537.02	\$133.42
IL	PEORIA	Silver	Blue Cross Blue Shield of Illinois	Blue Cross Blue Shield Solution 4, a Multi-State Plan	PPO	Rating Area 7	\$224.38	\$382.39	\$757.94	\$514.93	\$547.24	\$135.96
IL	PEORIA	Silver	Blue Cross Blue Shield of Illinois	Blue PPO Silver 003	PPO	Rating Area 7	\$230.94	\$393.56	\$780.08	\$529.97	\$563.24	\$139.93
						Avg of lowest 5 plans	\$211.35	\$360.18	\$713.91	\$485.02	\$515.46	\$128.06

A 2014 Comparison of Iowa Individual Health Insurance Premiums to Surrounding States

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	KCMO Lee's Summit Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
MO	JACKSON	Silver	Coventry Health and Life	Silver \$10 Copay PPO KC Exchange	PPO	Rating Area 3	\$195.23	\$332.71	\$659.46	\$448.02	\$476.16	\$118.29
MO	JACKSON	Silver	Coventry Health and Life	Silver Integrated \$10 Copay PPO KC Exchange	PPO	Rating Area 3	\$195.23	\$332.71	\$659.46	\$448.02	\$476.16	\$118.29
MO	JACKSON	Silver	Blue Cross and Blue Shield of Kansas City	Blue & U First Select Silver	PPO	Rating Area 3	\$211.88	\$361.08	\$715.70	\$486.23	\$516.76	\$128.38
MO	JACKSON	Silver	Blue Cross and Blue Shield of Kansas City	Blue & U Classic Select Silver	PPO	Rating Area 3	\$228.67	\$389.70	\$772.44	\$524.78	\$557.72	\$138.56
MO	JACKSON	Silver	Blue Cross and Blue Shield of Kansas City	Blue & U Saver PCB Silver	PPO	Rating Area 3	\$244.51	\$416.70	\$825.92	\$561.11	\$596.34	\$148.15
						Avg of lowest 5 plans	\$215.10	\$366.58	\$726.60	\$493.63	\$524.63	\$130.33

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	STL County Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
MO	ST. LOUIS	Silver	Coventry Health Care	Silver \$10 Copay PPO Carelink from Coventry	PPO	Rating Area 6	\$196.38	\$334.68	\$663.36	\$450.67	\$478.96	\$118.99
MO	ST. LOUIS	Silver	Anthem Blue Cross and Blue Shield	Anthem Silver DirectAccess w/HSA - cbbg	PPO	Rating Area 6	\$215.99	\$368.09	\$729.58	\$495.66	\$526.80	\$130.87
MO	ST. LOUIS	Silver	Anthem Blue Cross and Blue Shield	Anthem Silver DirectAccess - cbds	PPO	Rating Area 6	\$225.55	\$384.38	\$761.86	\$517.59	\$550.10	\$136.66
MO	ST. LOUIS	Silver	Anthem Blue Cross and Blue Shield	Anthem Silver DirectAccess - cbjc	PPO	Rating Area 6	\$232.47	\$396.17	\$785.26	\$533.49	\$566.98	\$140.86
MO	ST. LOUIS	Silver	Anthem Blue Cross and Blue Shield	Anthem Blue Cross and Blue Shield Silver DirectAccess, a Multi-State Plan	PPO	Rating Area 6	\$232.47	\$396.17	\$785.26	\$533.49	\$566.98	\$140.86
						Avg of lowest 5 plans	\$220.57	\$375.90	\$745.06	\$506.18	\$537.96	\$133.65

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Columbia Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
MO	BOONE	Silver	Anthem Blue Cross and Blue Shield	Anthem Silver DirectAccess w/HSA - cbbg	PPO	Rating Area 5	\$241.65	\$411.82	\$816.26	\$554.55	\$589.36	\$146.42
MO	BOONE	Silver	Anthem Blue Cross and Blue Shield	Anthem Silver DirectAccess - cbds	PPO	Rating Area 5	\$252.34	\$430.03	\$852.38	\$579.09	\$615.44	\$152.90
MO	BOONE	Silver	Anthem Blue Cross and Blue Shield	Anthem Silver DirectAccess - cbjc	PPO	Rating Area 5	\$260.08	\$443.23	\$878.52	\$596.85	\$634.32	\$157.59
MO	BOONE	Silver	Anthem Blue Cross and Blue Shield	Anthem Blue Cross and Blue Shield Silver DirectAccess, a Multi-State Plan	PPO	Rating Area 5	\$260.08	\$443.23	\$878.52	\$596.85	\$634.32	\$157.59
MO	BOONE	Silver	Anthem Blue Cross and Blue Shield	Anthem Silver DirectAccess - cbaa	PPO	Rating Area 5	\$262.26	\$446.95	\$885.88	\$601.85	\$639.64	\$158.91
						Avg of lowest 5 plans	\$255.28	\$435.05	\$862.31	\$585.84	\$622.62	\$154.68

A 2014 Comparison of Iowa Individual Health Insurance Premiums to Surrounding States

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Sioux Falls Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
SD	MINNEHAHA	Silver	Avera Health Plans	Avera MyPlan H.S.A. \$3,500	PPO	Rating Area 2	\$207.02	\$352.81	\$699.30	\$475.09	\$504.92	\$125.44
SD	MINNEHAHA	Silver	Avera Health Plans	Avera MyPlan \$2,500 /\$6,350 Out-of-Pocket	PPO	Rating Area 2	\$216.82	\$369.51	\$732.40	\$497.58	\$528.82	\$131.38
SD	MINNEHAHA	Silver	Avera Health Plans	Avera MyPlan \$2,500 / \$5,500 Out-of-Pocket	PPO	Rating Area 2	\$221.72	\$377.86	\$748.96	\$508.83	\$540.78	\$134.35
SD	MINNEHAHA	Silver	Avera Health Plans	Avera MyPlan \$2,500 /\$6,350 Out-of-Pocket, Pediatric Dental	PPO	Rating Area 2	\$223.97	\$381.69	\$756.54	\$513.98	\$546.24	\$135.71
SD	MINNEHAHA	Silver	Avera Health Plans	Avera MyPlan \$2,500 / \$5,500 Out-of-Pocket, Pediatric Dental	PPO	Rating Area 2	\$228.87	\$390.04	\$773.10	\$525.23	\$558.20	\$138.68
						Avg of lowest 5 plans	\$219.68	\$374.38	\$742.06	\$504.14	\$535.79	\$133.11

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Aberdeen Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
SD	BROWN	Silver	Avera Health Plans	Avera MyPlan H.S.A. \$3,500	PPO	Rating Area 3	\$211.57	\$360.56	\$714.66	\$485.52	\$516.00	\$128.19
SD	BROWN	Silver	Avera Health Plans	Avera MyPlan \$2,500 /\$6,350 Out-of-Pocket	PPO	Rating Area 3	\$221.59	\$377.63	\$748.48	\$508.50	\$540.44	\$134.26
SD	BROWN	Silver	Avera Health Plans	Avera MyPlan \$2,500 / \$5,500 Out-of-Pocket	PPO	Rating Area 3	\$226.60	\$386.16	\$765.42	\$520.01	\$552.64	\$137.30
SD	BROWN	Silver	Avera Health Plans	Avera MyPlan \$2,500 /\$6,350 Out-of-Pocket, Pediatric Dental	PPO	Rating Area 3	\$228.89	\$390.07	\$773.16	\$525.27	\$558.24	\$138.69
SD	BROWN	Silver	Avera Health Plans	Avera MyPlan \$2,500 / \$5,500 Out-of-Pocket, Pediatric Dental	PPO	Rating Area 3	\$233.90	\$398.61	\$790.06	\$536.75	\$570.46	\$141.72
						Avg of lowest 5 plans	\$224.51	\$382.61	\$758.36	\$515.21	\$547.56	\$136.03

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Wichita Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
KS	SEDGWICK	Silver	Coventry Health Care Of Kansas Inc	Silver \$10 Copay POS Wesley Exchange	POS	Rating Area 6	\$162.01	\$276.09	\$547.24	\$371.78	\$395.12	\$98.16
KS	SEDGWICK	Silver	Coventry Health Care Of Kansas Inc	Silver Integrated \$10 Copay POS Wesley Exchange	POS	Rating Area 6	\$162.01	\$276.09	\$547.24	\$371.78	\$395.12	\$98.16
KS	SEDGWICK	Silver	Coventry Health and Life	Silver \$10 Copay PPO Exchange	PPO	Rating Area 6	\$183.52	\$312.76	\$619.92	\$421.16	\$447.60	\$111.20
KS	SEDGWICK	Silver	Coventry Health and Life	Silver Integrated \$10 Copay PPO Exchange	PPO	Rating Area 6	\$183.52	\$312.76	\$619.92	\$421.16	\$447.60	\$111.20
KS	SEDGWICK	Silver	Blue Cross and Blue Shield of Kansas, Inc	BlueCare SaverPlus Select	PPO	Rating Area 6	\$188.86	\$321.86	\$637.94	\$433.40	\$460.62	\$114.43
						Avg of lowest 5 plans	\$175.98	\$299.91	\$594.45	\$403.86	\$429.21	\$106.63

A 2014 Comparison of Iowa Individual Health Insurance Premiums to Surrounding States

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Lawrence Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
KS	DOUGLAS	Silver	Coventry Health Care Of Kansas Inc	Silver \$10 Copay POS Kansas Exchange	POS	Rating Area 2	\$171.97	\$293.08	\$580.90	\$394.65	\$419.44	\$104.20
KS	DOUGLAS	Silver	Coventry Health Care Of Kansas Inc	Silver Integrated \$10 Copay POS Kansas Exchange	POS	Rating Area 2	\$171.97	\$293.08	\$580.90	\$394.65	\$419.44	\$104.20
KS	DOUGLAS	Silver	Coventry Health and Life	Silver \$10 Copay PPO Exchange	PPO	Rating Area 2	\$179.75	\$306.33	\$607.18	\$412.51	\$438.40	\$108.92
KS	DOUGLAS	Silver	Coventry Health and Life	Silver Integrated \$10 Copay PPO Exchange	PPO	Rating Area 2	\$179.75	\$306.33	\$607.18	\$412.51	\$438.40	\$108.92
KS	DOUGLAS	Silver	Blue Cross and Blue Shield of Kansas, Inc	BlueCare SaverPlus Select	PPO	Rating Area 2	\$193.90	\$330.45	\$654.98	\$444.98	\$472.92	\$117.49
						Avg of lowest 5 plans	\$179.47	\$305.85	\$606.23	\$411.86	\$437.72	\$108.75

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Madison Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
WI	DANE	Silver	Dean Health Plan	Dean Classic 4500X	HMO	Rating Area 2	\$197.34	\$336.31	\$666.58	\$452.86	\$481.30	\$119.57
WI	DANE	Silver	Unity Health Insurance	Unity UW Health Silver HSA J	HMO	Rating Area 2	\$212.02	\$361.33	\$716.18	\$486.56	\$517.12	\$128.47
WI	DANE	Silver	Unity Health Insurance	Unity UW Health Silver E	HMO	Rating Area 2	\$213.86	\$364.45	\$722.38	\$490.77	\$521.58	\$129.58
WI	DANE	Silver	Dean Health Plan	Dean Classic 3000X	HMO	Rating Area 2	\$217.25	\$370.24	\$733.82	\$498.54	\$529.86	\$131.63
WI	DANE	Silver	Unity Health Insurance	Unity UW Health Silver D	HMO	Rating Area 2	\$219.70	\$374.41	\$742.12	\$504.18	\$535.84	\$133.12
						Avg of lowest 5 plans	\$212.03	\$361.35	\$716.22	\$486.58	\$517.14	\$128.47

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Milwaukee Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
WI	MILWAUKEE	Silver	Anthem Blue Cross and Blue Shield	Anthem Silver DirectAccess w/HSA - cbbg	POS	Rating Area 1	\$247.45	\$421.71	\$835.88	\$567.88	\$603.52	\$149.94
WI	MILWAUKEE	Silver	Anthem Blue Cross and Blue Shield	Anthem Silver DirectAccess - cbds	POS	Rating Area 1	\$258.39	\$440.36	\$872.84	\$592.99	\$630.20	\$156.57
WI	MILWAUKEE	Silver	Common Ground Healthcare Cooperative	Envision - Silver 3000/80	PPO	Rating Area 1	\$259.27	\$441.84	\$875.76	\$594.97	\$632.34	\$157.09
WI	MILWAUKEE	Silver	Common Ground Healthcare Cooperative	Envision - Silver 2000/80	PPO	Rating Area 1	\$260.41	\$443.79	\$879.64	\$597.61	\$635.12	\$157.79
WI	MILWAUKEE	Silver	Anthem Blue Cross and Blue Shield	Anthem Silver DirectAccess - cbjc	POS	Rating Area 1	\$266.34	\$453.89	\$899.66	\$611.21	\$649.58	\$161.38
						Avg of lowest 5 plans	\$258.37	\$440.32	\$872.76	\$592.93	\$630.15	\$156.55

A 2014 Comparison of Iowa Individual Health Insurance Premiums to Surrounding States

State	County	Metal Level	Issuer Name	Plan Marketing Name	Plan Type	Green Bay Rating Area	Premium Adult Individual Age 27	Premium Adult Individual Age 50 *	Premium Family	Premium Single Parent Family	Premium Couple *	Premium Child
WI	BROWN	Silver	Dean Health Plan	Prevea360 Classic 4500X	HMO	Rating Area 16	\$205.92	\$350.93	\$695.56	\$472.55	\$502.22	\$124.77
WI	BROWN	Silver	Common Ground Healthcare Cooperative	Envision - Silver 3000/80	PPO	Rating Area 16	\$208.19	\$354.79	\$703.22	\$477.75	\$507.76	\$126.14
WI	BROWN	Silver	Common Ground Healthcare Cooperative	Envision - Silver 2000/80	PPO	Rating Area 16	\$209.11	\$356.36	\$706.32	\$479.86	\$510.00	\$126.70
WI	BROWN	Silver	Common Ground Healthcare Cooperative	Envision - Silver 1500/80	PPO	Rating Area 16	\$218.52	\$372.40	\$738.12	\$501.46	\$532.94	\$132.40
WI	BROWN	Silver	Common Ground Healthcare Cooperative	Envision - Silver 2000/80/Copay30	PPO	Rating Area 16	\$220.62	\$375.99	\$745.24	\$506.30	\$538.08	\$133.68
						Avg of lowest 5 plans	\$212.47	\$362.09	\$717.69	\$487.58	\$518.20	\$128.74

Miscellaneous notes: Source data comes from healthcare.gov -- see URLs below:

<https://www.healthcare.gov/health-plan-information/>

<https://www.healthcare.gov/downloads/health-plan-information-download.xlsx>

The document shows premiums for the following example rating scenarios below:

- Adult Individual Age 27 (column H) = one adult age 27
- Adult Individual Age 50 (column I) = one adult age 50
- Family (column J) = two adults age 30, two children
- Single Parent Family (column K) = one adult age 30, two children
- Couple (column L) = two adults age 40, no children
- Child (column M) = one child any age



TERRY E. BRANSTAD
GOVERNOR

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COMMISSIONER OF INSURANCE

Small Employer Tax Credits¹

The formula for determining the small employer Health Insurance Tax Credit is:

- Credit = (Dollar Value Spent on Employee Premiums * Applicable Percentage)
- Minus (Dollar Value Spent on Employee Premiums * Applicable Percentage * Number of Employees Exceeding ten / 15)
- Minus (Dollar Value Spent on Employee Premiums * Applicable Percentage * Average Annual Wage Exceeding Twenty-Five Thousand / \$25,000)

Applicable Percentage	2010-2013	2014 +
For-profit	35%	50%
Non-profit	25%	35%

Employer Example 1 No Phase Out

For profit employer, in 2013, spent \$10,000 on employee health insurance premiums. Employer employs eight FTEs with an average annual wage of \$24,000.

There is no phase out because the employer has ten or fewer FTEs and pays an average annual wage of \$25,000 or less.

$$\text{Credit} = (\$10,000 * 35\%) - (\$10,000 * 35\% * 0/15) - (\$10,000 * 35\% \$0/\$25,000)$$

$$\text{Credit} = \$3,500 - 0 - 0$$

$$\text{Credit} = \$3,500$$

¹ This is for demonstrative purposes only. Talk to your tax professional for advice on Tax Credits.

Employer Example 2

No Phase Out

For profit employer, in 2014, spent \$12,000 on employee health insurance premiums. Employer employs nine FTEs, with an annual average wage of \$20,000

There is no phase out because the employer has ten or fewer FTEs and pays an average annual wage of \$25,000 or less.

$$\text{Credit} = (\$12,000 * 50\%) - (\$12,000 * 50\% * 0/15) - (\$12,000 * 50\% * \$0/\$25,000)$$

$$\text{Credit} = \$6,000 - 0 - 0$$

$$\text{Credit} = \$6,000$$

Employer Example 3

Phase Out for more than ten FTEs

For profit employer, in 2014, spent \$12,000 on employee health insurance premiums. Employer has fifteen FTEs, with an average annual wage of \$23,000.

There is a phase out because the employer has 5 FTEs in excess of 10.

$$\text{Credit} = (\$12,000 * 50\%) - (\$12,000 * 50\% * 5/15) - (\$12,000 * 50\% * \$0/\$25,000)$$

$$\text{Credit} = \$6,000 - \$2,000 - \$0$$

$$\text{Credit} = \$4,000$$

Employer Example 4

Phase Out for more than ten FTEs and Average Annual Wage over \$25,000

For profit employer, in 2014, spend \$20,000 on employee health insurance premiums. Employer has nineteen FTEs with an average annual wage of \$30,000.

There is a two step phase out because the employer has 9 FTEs in excess of 10, and pays and average annual wage of \$5,000 in excess of \$25,000.

$$\text{Credit} = (\$20,000 * 50\%) - (\$20,000 * 50\% * 9/15) - (\$20,000 * 50\% * \$5,000/\$25,000)$$

$$\text{Credit} = \$10,000 - \$6,000 - \$2,000$$

$$\text{Credit} = \$2,000$$

For more information visit healthcare.gov/small-businesses/ or call 1-(800)-706-7893

3 SIMPLE STEPS

If you are a small employer (business or tax-exempt) that provides health insurance coverage to your employees, determine if you may qualify for the **Small Business Health Care Tax Credit** by following these three simple steps:

1

Determine the total number of your employees (not counting owners or family members):

Full-time employees: _____
(enter the number of employees who work at least 40 hours per week)

+

Full-time equivalent of part-time employees: _____
(Calculate the number of full-time equivalents by dividing the total annual hours of part-time employees by 2080.)

= total employees

If the total number of employees is fewer than 25 **GO TO STEP 2**

2

Calculate the average annual wages of employees (not counting owners or family members):

Take the total annual wages paid to employees: _____

÷

Divide it by the number of employees from STEP 1: _____
(total wages ÷ number of employees)

= average wages

If the result is less than \$50,000, **AND**

3

You pay at least half of the insurance premiums for your employees at the single (employee-only) coverage rate, then

» you may be able to claim the **Small Business Health Care Tax Credit**.
Find out more information at **IRS.gov**





Iowa Health and Wellness Plan

Iowa Health and Wellness Plan

What Is the Iowa Health and Wellness Plan?

The Iowa Health and Wellness Plan is a new Medicaid program that has been created to provide comprehensive health care coverage to low income Iowans. The plan will **replace** the IowaCare program, which ends on December 31, 2013.

One Program, Two Options

- **Iowa Wellness Plan:** Covers adults ages 19-64 with income up to and including 100 percent of the Federal Poverty Level. The Wellness Plan will be administered by Iowa Medicaid and members will have access to the Medicaid provider network.
- **Iowa Marketplace Choice Plan:** Covers adults 19-64 with income 101 percent up to and including 133 percent of the Federal Poverty Level. The Marketplace Choice Plan allows members to select certain commercial health plans available on the Health Insurance Marketplace. Medicaid pays the premiums for the commercial health plan on behalf of the member.

Current IowaCare Members

The Department of Human Services will check to see if all IowaCare members can get coverage from the Iowa Health and Wellness Plan by verifying member income. IowaCare members will receive a letter in late October 2013 telling them if they are eligible. If a member is eligible, they do not need to apply for the Iowa Health and Wellness Plan. If a member is not eligible, they will receive instructions on how to apply for coverage.

Who Can Enroll?

To be eligible for the Iowa Health and Wellness Plan, you must:

- Be an adult age 19-64
- Have income that does not exceed 133 percent of the Federal Poverty Level (\$15,282 for a family of 1 person, \$20,628 for a family with 2 people)
- Live in Iowa and be a U.S. citizen
- Not be otherwise eligible for Medicaid or Medicare

How to Apply

People who are not current IowaCare members can apply for the Iowa Health and Wellness Plan several ways:

- Visit HealthCare.gov and complete an application online.
- Call 1-800-318-2596 to complete an application over the phone.



Iowa Health and Wellness Plan

Benefits	IowaCare Program	Iowa Health and Wellness Plan	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
	Program enrollment closed IowaCare coverage ends December 31, 2013	Program enrollment begins October 1, 2013 Coverage begins January 1, 2014	Program enrollment begins October 1, 2013 Coverage begins January 1, 2014
Ambulatory Patient Services • Physician Services • Primary Care	Only Covered from IowaCare Providers	Covered	Covered
Emergency Services • Emergency Room • Ambulance	Emergency Room Only Covered from Limited IowaCare Providers Ambulance Not Covered	Covered	Covered
Hospitalization	Only covered from Limited IowaCare Providers	Covered	Covered
Mental Health and Substance Use Disorder Services	Not Covered	Covered Services provided by the Iowa Plan	Covered
Rehabilitative and Habilitative Services • Physical Therapy • Occupational Therapy • Speech Therapy	Not Covered	Covered (60 visits covered annually for each therapy)	Covered
Lab Services • X-Rays • Lab Tests	Only Covered from IowaCare Providers	Covered	Covered
Preventive and Wellness Services	Only Covered from IowaCare Providers	Covered	Covered
Prescription Drugs	Not Covered	Covered	Covered
Dental	Not Covered	Covered	Covered

The Iowa Health and Wellness Plan offers comprehensive benefits to members. The plan covers a wide range of medical services, without limits on amount of care received.



Iowa Health and Wellness Plan

Provider Network	IowaCare Program	Iowa Health and Wellness Plan	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
	Enrollment closed IowaCare coverage ends December 31, 2013	Program enrollment begins October 1, 2013 Coverage begins January 1, 2014	Program enrollment begins October 1, 2013 Coverage begins January 1, 2014
Physician and Primary Care	IowaCare Providers Only <ul style="list-style-type: none"> Broadlawns Medical Center University of Iowa Hospitals and Clinics 6 Federally Qualified Health Centers 	Statewide Medicaid Provider Network <ul style="list-style-type: none"> Includes providers in local communities 	Statewide Commercial Health Plan Network <ul style="list-style-type: none"> Includes providers in local communities
Hospitalization	IowaCare Providers Only <ul style="list-style-type: none"> Broadlawns Medical Center University of Iowa Hospitals and Clinics 6 Federally Qualified Health Centers 	Statewide Medicaid Provider Network <ul style="list-style-type: none"> Includes hospitals in local communities 	Statewide Commercial Health Plan Network <ul style="list-style-type: none"> Includes hospitals in local communities
Emergency Services	IowaCare Providers Only <ul style="list-style-type: none"> Broadlawns Medical Center University of Iowa Hospitals and Clinics 6 Federally Qualified Health Centers 	Statewide Medicaid Provider Network <ul style="list-style-type: none"> Includes emergency room/hospitals in local communities 	Statewide Commercial Health Plan Network <ul style="list-style-type: none"> Includes emergency room/hospitals in local communities
Prescription Drugs	Not Covered by IowaCare	Statewide Medicaid Provider Network <ul style="list-style-type: none"> Includes pharmacies in local communities 	Statewide Commercial Health Plan Network <ul style="list-style-type: none"> Includes pharmacies in local communities
Other Medical Services	IowaCare Providers Only <ul style="list-style-type: none"> Broadlawns Medical Center University of Iowa Hospitals and Clinics 6 Federally Qualified Health Centers 	Statewide Medicaid Provider Network <ul style="list-style-type: none"> Includes providers in local communities 	Statewide Commercial Health Plan Network <ul style="list-style-type: none"> Includes providers in local communities

Members of the Iowa Health and Wellness Plan will have access to a statewide group of providers. Members will be able to visit providers, hospitals and pharmacies in their local community.



Iowa Health and Wellness Plan

Out-of-Pocket Costs	IowaCare Program	Iowa Health and Wellness Plan	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
	Enrollment closed IowaCare coverage ends December 31, 2013	Program enrollment begins October 1, 2013 Coverage begins January 1, 2014	Program enrollment begins October 1, 2013 Coverage begins January 1, 2014
Copayments	<ul style="list-style-type: none"> \$1-3 for various services Required to pay out-of-pocket for many services not covered by IowaCare program 	<ul style="list-style-type: none"> None, except for \$10 for using the Emergency Room when it is not a medical emergency 	<ul style="list-style-type: none"> None, except for \$10 for using the Emergency Room when it is not a medical emergency
Monthly Contributions	<ul style="list-style-type: none"> Monthly contributions for some members 	<ul style="list-style-type: none"> No monthly contribution for the first year No contributions after the first year if the member Healthy Behavior activities Only for adults with income greater than 50% of the Federal Poverty Level 	<ul style="list-style-type: none"> No monthly contribution for the first year No contributions after the first year if the member Healthy Behavior Activities Only for adults with income greater than 50% of the Federal Poverty Level
Out-of-Pocket Spending Limit	<ul style="list-style-type: none"> Cannot exceed 5% of income 	<ul style="list-style-type: none"> Cannot exceed 5% of income 	<ul style="list-style-type: none"> Cannot exceed 5% of income

Healthy Behaviors	IowaCare Program	Iowa Health and Wellness Plan	
		Iowa Wellness Plan	Iowa Marketplace Choice Plan
	Enrollment closed IowaCare coverage ends December 31, 2013	Program enrollment begins October 1, 2013 Coverage begins January 1, 2014	Program enrollment begins October 1, 2013 Coverage begins January 1, 2014
First Year (2014)	Not Applicable	<ul style="list-style-type: none"> Complete Wellness Exam Complete Health Risk Assessment 	<ul style="list-style-type: none"> Complete Wellness Exam Complete Health Risk Assessment
Second Year and Beyond (2015 and Beyond)	Not Applicable	<ul style="list-style-type: none"> Complete a set number of healthy activities 	<ul style="list-style-type: none"> Complete a set number of healthy activities
If Healthy Behaviors Are Completed:	Not Applicable	No monthly contributions required to be paid by member	No monthly contributions required to be paid by member

Modified Adjusted Gross Income under the Affordable Care Act

July 2013

Under the Affordable Care Act, eligibility for Medicaid and subsidized health insurance through the Exchanges will be calculated using a household's Modified Adjusted Gross Income (MAGI). The Affordable Care Act definition of MAGI under the Internal Revenue Code¹ and federal Medicaid regulations² is shown below. For most individuals who will apply for health coverage under the Affordable Care Act, MAGI will be equal to Adjusted Gross Income.

Modified Adjusted Gross Income (MAGI) =

Adjusted Gross Income (AGI)

Line 4 on a
Form 1040EZ

Line 21 on a
Form 1040A

Line 37 on a
Form 1040

Include:

- Wages, salaries, tips, etc.
- Taxable interest
- Taxable amount of pension, annuity or IRA distributions and Social Security benefits
- Business income, farm income, capital gain, other gains (or loss)
- Unemployment compensation
- Ordinary dividends
- Alimony received
- Rental real estate, royalties, partnerships, S corporations, trusts, etc.
- Taxable refunds, credits, or offsets of state and local income taxes
- Other income

Deduct:

- Certain self-employed expenses³
- Student loan interest deduction
- Tuition and fees
- Educator expenses
- IRA deduction
- Moving expenses
- Penalty on early withdrawal of savings
- Health savings account deduction
- Alimony paid
- Domestic production activities deduction
- Certain business expenses of reservists, performing artists, and fee-basis government officials

Note: Pre-tax contributions, such as those for child care, commuting, employer-sponsored health insurance, flexible spending accounts and retirement plans such as 401(k) and 403(b), are not included in AGI but are not listed above because they are already subtracted out of W-2 wages and salaries.



Add back certain income

- Non-taxable Social Security benefits (Line 20a minus 20b on a Form 1040)
- Tax-exempt interest (Line on 8b on a Form 1040)
- Foreign earned income & housing expenses for Americans living abroad (calculated on a Form 2555)



For Medicaid eligibility

Exclude from income

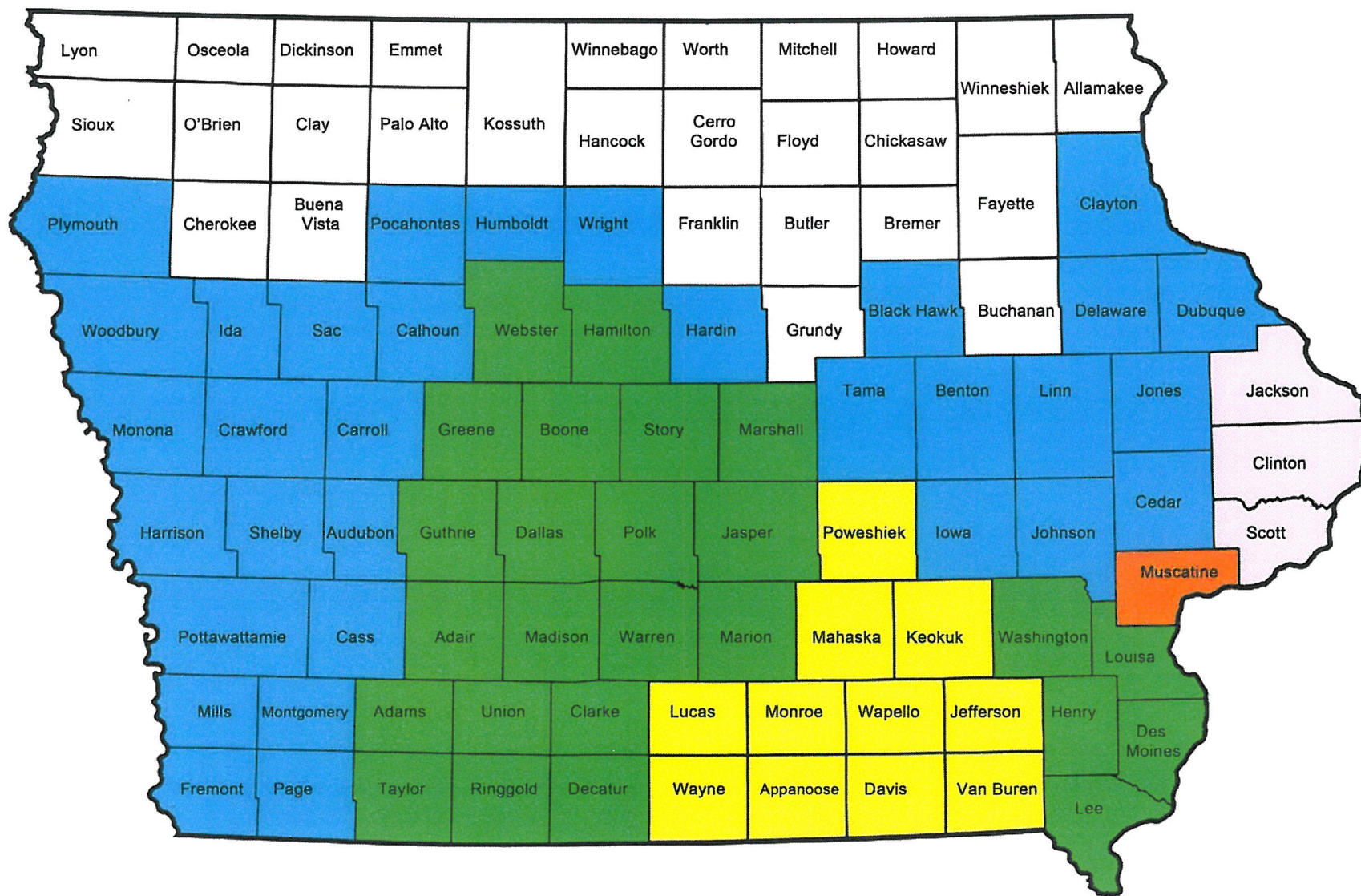
- Scholarships, awards, or fellowship grants used for education purposes and not for living expenses
- Certain American Indian and Alaska Native income derived from distributions, payments, ownership interests, real property usage rights, and student financial assistance
- An amount received as a lump sum is counted as income only in the month received

¹ Internal Revenue Code Section 36B(d)(2)(B)

² Centers for Medicare and Medicaid Services, CMS-2349-F, March 2012

³ Deductible part of self-employment tax; SEP, SIMPLE, and qualified plans; health insurance deduction

Iowa Navigator Service Areas by County



Visiting Nurse Services (VNS)
 Planned Parenthood of the Heartland (PPHeartland)
 VNS, PPHeartland

VNS, PPHeartland, Genesis Health
 PPHeartland, Genesis Health
 No Navigators

CHAPTER 85
REGULATION OF NAVIGATORS

191—85.1(505,522D) Purpose and authority.

85.1(1) The purpose of these rules is to set out the requirements, procedures and fees relating to the qualification, licensure, training, continuing education and regulation of navigators.

85.1(2) These rules are established based upon the authority provided in Iowa Code sections 505.8(19) and 522D.10.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.2(505,522D) Definitions. As used in this chapter:

“ACA” means, collectively, the Patient Protection and Affordable Care Act (Pub. L. 111-148) and Health Care and Education Reconciliation Act (Pub. L. 111-152).

“Applicant” means an individual or entity applying or intending to apply for a navigator license.

“Business entity” means a corporation, association, partnership, limited liability company, limited liability partnership or other legal entity.

“Commissioner” means the Iowa commissioner of insurance.

“Credit” means continuing education credit. One credit is 50 minutes of instruction or reading material in an acceptable topic.

“Division” means the Iowa insurance division.

“Health insurance” means insurance that is primarily for the diagnosis, cure, mitigation, treatment, or prevention of disease or amounts paid for the purpose of affecting any structure of the body, including transportation that is essential to obtaining medical care, but excluding:

1. Coverage only for accident or disability income insurance, or any combination thereof;
2. Coverage issued as a supplement to liability insurance;
3. Liability insurance, including general liability insurance and automobile liability insurance;
4. Workers’ compensation or similar insurance;
5. Automobile medical payment insurance;
6. Credit-only insurance;
7. Coverage for on-site medical clinics;
8. Coverage only for limited-scope vision benefits;
9. Benefits for long-term care, nursing home care, home health care, community-based care, or any combination thereof;
10. Coverage for specified disease or critical illness;
11. Hospital indemnity or other fixed indemnity insurance;
12. Medicare supplement policies;
13. Medicare, Medicaid, or the Federal Employee Health Benefit Program, 5 U.S.C. §§ 8901 - 8914, as it existed on January 1, 2013;
14. Coverage only for medical and surgical outpatient benefits;
15. Excess or stop-loss insurance; and
16. Other similar insurance coverage under which benefits for health insurance are secondary or incidental to other insurance benefits.

“Individual” means a private or natural person, as distinguished from a partnership, corporation or association.

“License” means the authorization by the commissioner for a person to act as a navigator in the state of Iowa.

“Marketplace” means any health benefit exchange authorized under the ACA and established or operating in this state, including any exchange established or operated by the U.S. Department of Health and Human Services.

“Navigator” means the individual or business entity that is granted the title, duties, and responsibilities under 45 CFR § 155.210 of a navigator by the granting or appointing authority. A

navigator would engage in the activities and meet the standards described in 45 CFR § 155.210, including:

1. Maintaining expertise in eligibility, enrollment, and program specification;
2. Conducting public education activities to raise awareness about the marketplace;
3. Providing information and services in a fair, accurate, and impartial manner, including information that acknowledges other health programs such as Medicaid and the healthy and well kids in Iowa program;
4. Facilitating selection of a qualified health plan;
5. Providing referrals for consumers with questions, complaints, or grievances to any applicable office of health insurance consumer assistance or health insurance ombudsman established under Section 2793 of the Public Health Service Act, or other appropriate state agency or agencies;
6. Providing information in a culturally and linguistically appropriate manner, including to persons with limited English proficiency; and
7. Ensuring accessibility and usability of navigator tools and functions for persons with disabilities.

“Navigator renewal notice” means a written or electronic communication issued by the division to inform a navigator about license renewal.

“Negotiate” means the act of advising a purchaser or prospective purchaser of a particular contract of insurance concerning any of the substantive benefits, terms or conditions of the contract provided that the person engaged in that act either sells insurance or obtains insurance for purchasers. The definition of “negotiate” shall not include:

1. Impartially informing a purchaser or prospective purchaser about substantive benefits, terms or conditions of a contract while facilitating the enrollment in a qualified health plan by providing fair, impartial, and accurate information that assists a purchaser or prospective purchaser with submitting an eligibility application;
2. Clarifying the distinctions among qualified health plans; and
3. Helping qualified individuals make informed decisions during a health plan selection process.

“Person” means an individual or entity.

“Producer” means a person required to be licensed in this state to sell, solicit or negotiate insurance.

“Qualified health plan” means a health benefit plan that has in effect a certification that the plan meets the criteria for certification described in Section 1311(c) of the ACA.

“Sell” means to exchange a contract of insurance by any means, for money or its equivalent, on behalf of an insurer.

“Solicit” means attempting to sell insurance or asking or urging a person to apply for a particular kind of insurance from a particular company.

“U.S. Department of Health and Human Services” means the United States Department of Health and Human Services and any of its subsidiaries.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.3(505,522D) Requirement to hold a license. No person may act as a navigator in Iowa until that person has been issued an Iowa navigator license.

85.3(1) To be licensed as a navigator, a person must satisfy the following requirements:

- a. Be at least 18 years of age;
- b. Demonstrate compliance with the initial training and certification requirements set forth in rule 191—85.10(505,522D);
- c. Have not committed any act that is grounds for denial, suspension or revocation under Iowa Code section 522D.7;
- d. Submit a completed uniform application;
- e. Pass an examination on the duties and responsibilities of a navigator and the insurance laws and regulations of Iowa with a score of 70 percent or higher;
- f. Pay the nonrefundable navigator license fee of \$20; and
- g. Pass a background check or security screening.

85.3(2) The division may require any documents reasonably necessary to verify the information or attestations contained in the application or to verify that the applicant has the character and competency required to receive a navigator license. If an applicant does not provide the additional information requested by the division within 45 days of receipt of the request, the application will expire and the license fee will not be returned.

85.3(3) Except for producers licensed in Iowa, a person acting as a navigator without an Iowa navigator license or a person performing the enrollment duties of a navigator without an appointment, certification, or a grant to perform such duties by the U.S. Department of Health and Human Services shall be in violation of this chapter.

a. Upon the determination by the commissioner that a person is in violation of this chapter, the commissioner may issue a summary order directing the person to cease and desist from engaging in the act or practice in violation of this chapter. A person that has been issued a summary order under this rule may contest the order by filing a request for a contested case proceeding and hearing as provided in Iowa Code chapter 17A.

b. The person shall have at least 30 days from the date that the order is issued in order to file the request. The order shall remain effective from the date of issue unless overturned by a presiding officer of the court following a request for a hearing. If a hearing is not timely requested, the summary order becomes final by operation of law.

c. A person violating a summary order issued under this rule shall be deemed in contempt of that order. The commissioner may petition the district court to enforce the order as certified by the commissioner. The district court shall adjudge the person in contempt of the order if the court finds after hearing that the person is not in compliance with the order. The court may assess a civil penalty against the person and may issue further orders as it deems appropriate.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.4(505,522D) Issuance of license.

85.4(1) A person that meets the requirements of this chapter and of Iowa Code sections 522D.4 and 522D.5, unless otherwise denied licensure pursuant to Iowa Code section 522D.7, shall be issued a navigator license. A navigator license shall be valid for three years. A navigator license remains in effect unless revoked or suspended as long as all required fees are paid and continuing education requirements are met. A renewal term is three years. If not renewed, a navigator license automatically terminates on the last day of the month of the initial or renewal term.

85.4(2) An individual navigator whose license has expired may seek reinstatement as set forth in rule 191—85.6(505,522D).

85.4(3) The license shall contain the navigator's name and address, the date of issuance, the date of expiration and any other information the division deems necessary.

85.4(4) If the division issues or renews a navigator license and subsequently determines that payment for the license or renewal was returned without payment to the division by a bank, or that the credit card company does not approve or cancels or refuses amounts charged to the credit card, the license shall be immediately suspended until the payments are made and any fees or penalties charged by the division are paid, at which time the license may be reinstated. The individual may request a hearing within 30 days of receipt of notice by the division that the license was suspended.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.5(505,522D) License renewal. A navigator must apply for license renewal within 60 days prior to the expiration date of the license. Failure to apply to renew a license and pay appropriate fees prior to the expiration date of the license will result in expiration of the license.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.6(505,522D) License reinstatement.

85.6(1) A navigator may reinstate an expired license up to 12 months after the license expiration date by proving that during the continuing education term the navigator met the continuing education requirements of this chapter and by paying a reinstatement fee and license renewal fees. A navigator

that fails to apply for license reinstatement within 12 months of the license expiration date must apply for a new license.

85.6(2) A navigator that has surrendered a license for a nondisciplinary reason and stated an intent to exit the insurance business may file a request to reactivate the license. The request must be received at the division within 90 days of the date the license was placed on inactive status. The request will be granted if the former navigator is otherwise eligible to receive the license. If the request is not received within 90 days, the navigator must apply for a new license.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.7(505,522D) Reinstatement or reissuance of a license after suspension, revocation or forfeiture in connection with disciplinary matters; and forfeiture in lieu of compliance.

85.7(1) The term “reinstatement” as used in this rule means the reinstatement of a suspended license. The term “reissuance” as used in this rule means the issuance of a new license following either the revocation of a license or the forfeiture of a license in connection with a disciplinary matter. This rule does not apply to the reinstatement of an expired license.

85.7(2) Any navigator whose license has been revoked or suspended by order, or that forfeited a license in connection with a disciplinary matter, may apply to the commissioner for reinstatement or reissuance in accordance with the terms of the order of revocation or suspension or the order accepting the forfeiture.

a. All proceedings for reinstatement or reissuance shall be initiated by the applicant. The applicant shall file with the commissioner an application for reinstatement or reissuance of a license.

b. An application for reinstatement or reissuance shall allege facts which, if established, will be sufficient to enable the commissioner to determine that the basis of revocation, suspension or forfeiture of the applicant’s license no longer exists and that it will be in the public interest for the application to be granted. The burden of proof to establish such facts shall be on the applicant.

c. A navigator may request reinstatement of a suspended license prior to the end of the suspension term.

d. Unless otherwise provided by law, if the order of revocation or suspension did not establish terms upon which reinstatement or reissuance may occur, or if the license was forfeited, an initial application for reinstatement or reissuance may not be made until at least one year has elapsed from the date of the order of the suspension, revocation, or acceptance of the forfeiture of a license.

85.7(3) All proceedings upon the application for reinstatement or reissuance, including matters preliminary and ancillary thereto, shall be held in accordance with Iowa Code chapter 17A. Such application shall be recorded in the original case in which the original license was suspended, revoked, or forfeited, if a case exists.

85.7(4) An order of reinstatement or reissuance shall be based upon a written decision which incorporates findings of fact and conclusions of law. An order granting an application for reinstatement or reissuance may impose such terms and conditions as the commissioner or the commissioner’s designee deems desirable. The order shall be a public record, available to the public, and may be disseminated in accordance with Iowa Code chapter 22.

85.7(5) A request for voluntary forfeiture of a license shall be made in writing to the commissioner. Forfeiture of a license is effective upon submission of the request unless a contested case proceeding is pending at the time the request is submitted. If a contested case proceeding is pending at the time of the request, the forfeiture becomes effective when and upon such conditions as required by order of the commissioner. A forfeiture made during the pendency of a contested case proceeding is considered disciplinary action and shall be published in the same manner as is applicable to any other form of disciplinary order.

85.7(6) When a navigator’s license has been suspended for a period of time which extends beyond the navigator’s license expiration date, the license will terminate. The navigator may request reinstatement pursuant to this rule. If suspension for a period of time ends prior to the navigator’s license expiration date, the division shall reinstate the license at the end of the suspension period. The commissioner is

not prohibited from bringing an additional immediate action if the navigator has engaged in misconduct during the period of suspension.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.8(505,522D) Change in name, address or state of residence.

85.8(1) If a navigator changes the navigator's legal name, the navigator must file written notification with the division within 30 days of the name change. The notification must include the navigator's previous name and new name.

85.8(2) If a navigator changes the navigator's address, the navigator must file written notification with the division within 30 days of the address change. The notification must include the navigator's name, previous address, and new address. A navigator may designate a business address instead of a residential address at the option of the navigator.

85.8(3) If a navigator has provided an e-mail address to the division, the division has the option to send information to the navigator through the e-mail address rather than through the mail.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.9(505,522D) Licensing of a business entity.

85.9(1) A business entity that has been appointed as a navigator shall obtain a navigator license.

85.9(2) Navigator entities shall be exempt from the requirements of training, examination, and continuing education. All individual navigators that are hired, retained, recruited, employed, affiliated, work for or in conjunction, or as a part of a consortium, with a navigator entity shall be subject to all training, examination, and continuing education requirements under this chapter.

85.9(3) Navigator entities shall be liable for the acts of individual navigators that are hired, retained, recruited, employed, affiliated, work for or in conjunction, or as a part of a consortium, with a navigator entity when the individual navigator is performing the duties of or acting as a navigator.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.10(505,522D) Initial training of navigators.

85.10(1) Individual navigators shall complete a minimum of 32 credits of initial training in courses approved by the commissioner. Initial training must include a minimum of 2 credits of Iowa-specific training on Medicaid and healthy and well kids in Iowa program training, as well as a minimum of 1 credit in the subject of ethics. Navigators shall be responsible for obtaining their own training. An individual navigator may apply for waiver of this requirement should training not be accessible at the level required.

85.10(2) Courses provided by the federal government or approved by the federal government on ACA-related topics will be considered approved by the commissioner.

85.10(3) Individual navigators shall complete all training and certification requirements provided by the U.S. Department of Health and Human Services.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.11(505,522D) Continuing education requirements for navigators.

85.11(1) Prior to each renewal term, individual navigators must complete a minimum of 36 continuing education credits for each continuing education term in courses approved by the commissioner on subjects relevant to navigators, including health insurance, tax credits, tax penalties, Medicaid, the healthy and well kids in Iowa program, health care-related public assistance programs, or other ACA-related topics.

85.11(2) Courses provided by the federal government or approved by the federal government on ACA-related topics will be considered approved by the commissioner.

85.11(3) A navigator shall not carry over continuing education requirements from one term to the next term.

85.11(4) A navigator shall not receive continuing education credit for the same course taken twice in the term of license.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.12(505,522D) Administration of examinations.

85.12(1) The commissioner will enter into a contractual relationship with an outside testing service to provide the licensing examinations for individual navigators.

85.12(2) The outside testing service will administer all examinations for applicants.

85.12(3) The testing service will inform the applicants of procedures and requirements for taking the licensing examination.

85.12(4) The fee for examination shall be determined by the testing service.

85.12(5) A listing of subjects that could potentially be included on the navigator's examination may be provided on the division's Web site at <http://www.iid.state.ia.us/>.

85.12(6) Examination results are valid for 90 days after the date of the test. Failure to apply for licensure within 90 days after the examination is passed shall void the examination results.
[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.13(505,522D) Fees.

85.13(1) Fees may be paid by check or credit card.

85.13(2) The fee for issuance or renewal of a navigator license is \$20 for three years.

85.13(3) The fee for reinstatement of a navigator license is a total of the renewal fee plus \$100.

85.13(4) The division may charge a reasonable fee for the compilation and production of navigator licensing records.
[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.14(505,522D) Evidence of financial responsibility.

85.14(1) Prior to the issuance by the division of a license as a navigator and for the duration of the license, including any renewal thereof, a navigator shall secure and maintain evidence of financial responsibility in the form of a surety bond or other alternative financial responsibility instrument that protects individuals and entities against wrongful acts, misrepresentations, errors, omissions, or negligence of the navigator, or other violation of insurance law.

85.14(2) The minimum coverage for financial responsibility shall be \$50,000.

85.14(3) A navigator shall immediately inform the commissioner in writing of any pending termination of a written financial responsibility instrument. The navigator shall secure a new financial responsibility instrument and provide evidence of new financial responsibility to the commissioner prior to the date of termination for the existing financial responsibility instrument. If evidence of a new financial responsibility instrument is not provided to the commissioner prior to termination, the navigator's license shall be forfeited.

85.14(4) An individual navigator may meet the financial responsibility requirement if the individual navigator is covered by the financial responsibility instrument issued to a navigator entity with which the individual navigator is affiliated.

85.14(5) A navigator's financial responsibility instrument shall specifically authorize recovery by the commissioner on behalf of any person in Iowa that sustained damages as the result of wrongful acts, misrepresentations, errors, omissions, or negligence of the navigator, or other violation of insurance law in the individual's or entity's capacity as a navigator.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.15(505,522D) Practices.

85.15(1) Navigators shall comply with all federal and state statutes, regulations, and rules affecting insurance and navigators.

85.15(2) Navigators shall comply with any inquiries or requests submitted by the commissioner. Navigators shall respond to requests by the commissioner within the time designated in the request. A navigator that fails to provide the information in the time requested or fails to obtain an approved extension shall be subject to penalties as set forth in Iowa Code section 522D.8.

85.15(3) Navigators shall be subject to examination upon the discretion of the commissioner and at the cost of the navigator.

85.15(4) Navigators shall maintain detailed records of all assistance provided. Consumer assistance records shall be available to the commissioner upon request.

85.15(5) Navigators shall provide duplicate copies of all data and information submitted to the U.S. Department of Health and Human Services to the commissioner upon request.

85.15(6) Unless licensed as a producer, a navigator shall not:

- a.* Sell, select, solicit, refer, or negotiate insurance coverage for individuals or entities;
- b.* Advise an individual or entity to cancel, to nonrenew, or to select different insurance coverage;
- c.* Recommend or endorse a particular health plan; and
- d.* Receive compensation from an insurance company for enrollment or have a conflict of interest while serving as a navigator. A navigator that receives compensation from an insurance company for enrollment or enters into a conflicted relationship must forfeit the navigator's license. A navigator that fails to notify the commissioner of a conflicted relationship or receives compensation from an insurer for enrollment while licensed as a navigator shall be subject to penalties as set forth in Iowa Code section 522D.8.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

191—85.16(505,522D) Severability. If any provision of this chapter or its application to any person or circumstance is held invalid by a court of competent jurisdiction or by federal law, the invalidity does not affect other provisions or applications of the chapter that can be given effect without the invalid provision or application, and to this end the provisions of this chapter that are severable and the valid provisions or applications shall remain in full force and effect.

[ARC 0981C, IAB 8/21/13, effective 9/25/13]

These rules are intended to implement Iowa Code section 505.8(19) and chapter 522D.

[Filed ARC 0981C (Notice ARC 0816C, IAB 6/26/13), IAB 8/21/13, effective 9/25/13]



RESOURCES

1. **HealthCare.gov:** This site is geared towards consumers and provides general information about the Marketplace and health insurance. Consumers can sign up for email and/or text message updates. Starting October 1, 2014, the site will guide consumers through the entire application and enrollment process. Individuals, families, and small business owners will be able to go to healthcare.gov and apply for eligibility, compare plans in their area, and enroll in coverage.
2. **Marketplace.cms.gov:** This is our partnership page that has a wide variety of tools and resources to help you help people prepare to apply, enroll, and get coverage in 2014. At this site, you will find the following information:
 - Census data on where the uninsured live—down to the PUMA level;
 - Widgets and badges you can use on your own websites;
 - Multimedia presentations explaining the Marketplace;
 - Brochures, drop-in articles, and other information in English, Spanish, Russian, Tagalog, Chinese, Korean, and Vietnamese; and
 - You can also sign up for updates.
3. The **Center for Consumer Information & Insurance Oversight (CCIIO):** CCIIO is charged with helping implement many provisions of the Affordable Care Act. CCIIO oversees the implementation of the provisions related to private health insurance. For policy and technical information on market reform and the health insurance marketplace visit www.cms.gov/ccio/index.html. At this site, you will find information on:
 - Health Insurance Market Reforms (Annual Limits, Coverage for Young Adults, Medical Loss Ratio, Premium Rate Reviews, Market Rating Reforms);
 - Health Insurance Marketplace (Regulations, Guidance, Fact Sheets & FAQs, Training Resources);
 - Other Insurance Protections (COBRA, Mental Health Parity and Addiction Equity Act, Women's Health & Cancer Right Act);
 - In Person Assistance in the Health Insurance Marketplace (Navigators);
 - Outreach and Education Resources (Consumer Fact Sheets); and
 - Funding Opportunities.
4. Other Important Websites:
 - a. **www.va.gov/health/aca/ - VA, Affordable Care Act & You**
This site includes information specific for Veterans and their families on the Affordable Care Act and how the law impacts them and their current VA benefits.
 - b. **www.irs.gov -** Under Hot Topics, Affordable Care Act Tax Provisions, you will find information on:
 - Health Insurance Premium Tax Credit;
 - Individual Shared Responsibility Provision;
 - Small Business Health Care Tax Credits;
 - Employer Shared Responsibility Payment; and
 - Health Insurance Coverage Reporting Requirements.
 - c. **www.sba.gov/healthcare -** This U.S. Small Business Administration site includes information and resources to educate employers on what the Affordable Care Act means for small businesses. Among the information and resources you will find at this site are:

- Articles on Key Provisions of the Affordable Care Act that May Impact Employers Based on their Business Size; and
 - Affordable Care Act Training Materials.
- d. www.businessusa.gov/healthcare - The site houses a streamlined health care tool for businesses to help them find out exactly what they and their employees need to know about the Affordable Care Act. The tool uses various prompts including the business' location, size, and whether they currently offer insurance to connect them with the resources they need from the Small Business Administration (SBA), Department of Health and Human Services, the Department of Treasury, and other federal partners.
- e. www.dol.gov/ebsa/healthreform/ - This is the U.S. Department of Labor site where you will find information on multiple Affordable Care Act provisions that impact employers as well as technical releases and FAQs on key topics such as the notice to employees of coverage options, workplace wellness programs, summary of benefits and coverage requirements, and uniform glossary.
5. **Marketplace Call Center: 1-800-318-2596** or TTY: 1-855-889-4325
- Customer Service Representatives will be available 24 hours a day, 7 days a week, including New Year's Day. The call center is closed on Thanksgiving, Christmas, Labor Day, Memorial Day, and the Fourth of July.
 - The call center will provide objective information in *English* and in *Spanish*.
 - It will also use language lines for 150 additional languages.
6. **Small Business Health Options Program (SHOP) Call Center** (*For small employers and those assisting them*): **1-800-706-7893** or TTY: 1-800-706-7915
- Before Oct 1, the SHOP Call Center will be operating Monday-Friday, 9am-5pm EST.
 - Starting October 1st, the contact center will be fully operational Monday-Friday, 9am-7pm EST.
7. **Centers for Medicare & Medicaid Services (CMS)**
 Kansas City Regional Office
 601 E 12th Street, Room #355
 Kansas City, MO 64106
 PH#: 816-426-5233
ROkcmORA@cms.hhs.gov

OrgName	PubConPhone	PubConEmail	PubConWeb	PubConLAdd1
Broadlawns Medical Center	515-282-2246	externalrelations@broadlawns.org	www.broadlawns.org	1801 Hickman Rd.Des Moines, IA 50314
Warren County Health Services	515-961-1074	wchs@co.warren.ia.us	www.co.warren.ia.us/health_services.shtml	301 N. Buxton, Suite 203Indianola, IA 50125
Proteus	515-271-5303	laceyn@proteusinc.net	www.proteusinc.net	3850 Merle Hay Road, Suite 100Des Moines, IA 50310
Promise Community Health Center	(712) 722-1700	carecoordinator@promisechc.org	www.promisechc.org	338 1st Avenue NWSioux Center, IA 51250
Community Health Free Clinic	319-363-0416	darlene@communityhfc.org	www.communityhfc.org	947 14th Avenue SECedar Rapids, IA 52401
Winneshiek County Public Health	563-382-4662	wcphns@winneshiekhealth.org	www.winneshiekhealth.org	305 Montgomery StSte #3Decorah, IA 52101
Dubuque Visiting Nurse Association	563-556-6200	DVNA@unitypoint.org	www.unitypoint.org/dubuque/services-vna.a	1454 Iowa StreetDubuque, Iowa 52001
His Hands Free Medical Clinic	319-862-2636	info@hishandsclinic.org	www.hishandsclinic.org	400 12th St SECedar Rapids, IA
Peoples Community Health Clinic, Inc.	319-272-4300	info@peoples-clinic.com	www.peoples-clinic.com	905 Franklin St.Watelloo, Iowa 50703-4407
United Community Health Center	712-213-0109	contactus@uchcsl.com	www.uchcsl.com	715 W Milwaukee AvenueStorm Lake, IA 50588
Linn Community Care	319-730-7300	tolson@linncommunitycare.org	www.linncommunitycare.org	1201 3rd Ave SECedar Rapids, IA 52403
Community Health Care, Inc.	563-336-3000	info@davchc.com	www.davchc.com	CHC Davenport500 W. River DriveDavenport, IA 52801
All Care Health Center	712-325-1990	astoltman@allcarehealthcenter.org	www.allcarehealthcenter.org	902 S. 6th St.Council Bluffs, IA 51501
allen hospital	319-235-5099	alisa.walker@unitypoint.org	www.unitypoint.org	1825 logan avewaterloo iowa 50703
Crawford County Memorial Hospital	712-265-2500	ccmhia@ccmhia.com	www.ccmhia.com	100 Medical ParkwayDenison, IA 51442
Siouxland Community Health Center	712-252-2477	akuiken@slandchc.com	www.slandchc.org	1021 Nebraska St.Sioux City, IA 51105
Monona County Public Health	712-433-1733	mcphlaur@longlines.com	www.mononacountypublichealth.org	610 Iowa AvenueOnawa, IA 51040
Primary Health Care, Inc	515-248-1600	healthenrollment@phcinc.net	www.phcinc.net	East Side Medical3509 E. 29th St.Des Moines, Iowa 50317
Floyd Valley Hospital	712-546-3495	ann.cole-nelson@floydvalleyhospital.org	www.floydvalleyhospital.org	714 Lincoln St. NELe Mars IA 51031
Community Health Centers of Southeastern Iowa	319-768-5858	rdobbs@chcseia.com	www.chcseia.com	1706 West Agency RoadWest Burlington, IA 52601
Planned Parenthood of the Heartland	1-877-811-7526	questions@ppheartland.org	www.ppheartland.org	Northwest Health Center 3105 N. 93rd Omaha, NE 68134-3664
Avera Holy Family	712-362-2631	shannon.adams@avera.org	www.averaholyfamily.org	826 N. 8th St.Estherville, IA 51334
Community Health Centers of Southern Iowa Inc	641-446-2383	sdevore@chcsi.org	www.chcsi.org	302 NE 14th StLeon, IA 50144

United Community Services, Inc	515-280-3860	ucsinformation@ucsdsm.org	www.ucsonline.org	4908 Franklin Ave.Des Moines, Iowa 50310
Clarke County Public Hospital	641-342-5258	danderson@clarkehosp.org	www.clarkehosp.org	800 S Fillmore StOsceola, IA 50213
Iowa Specialty Hospital - Belmond	641-444-5623	greg.polzin@iaspecialty.com	www.iowaspecialtyhospital.com	403 1st St. SEBelmond, IA 50421
Washington County Hospital & Clinics	(319) 653-5481	info@wchc.org	www.wchc.org	400 E Polk StreetWashington, IA 52353
Lee County Community Services	319-372-5681	rwood@leecounty.org	www.leecounty.org/	933 Ave HFort Madison, IA 52627
Burgess Health Center	712-423-2311	sgosch@burgesshc.org	www.burgesshc.org	Burgess Health Center 1600 Diamond Street Onawa, Iowa 51040
Guttenberg Municipal Hospital	563-252-1121	leighann.judge@guttenberghospital.org	www.guttenberghospital.org	200 Main StreetGuttenberg, IA 52052
New Opportunities, Inc.	712-792-9266	info@newopp.org	www.newopp.org	New Opportunities, Inc.23751 Hwy 30Carroll, IA 51401-0427
River Hills Community Health Center	641-683-5773	cac@riverhillshealth.org	www.riverhillshealth.org/	River Hills Community Health Center 201 S. Market St. Ottumwa, IA 52501
Central Iowa Hospital Corporation	515-241-6212	Joseph.Corfits@unitypoint.org	www.unitypoint.org	d.b.a Iowa Methodist Medical Center 1200 Pleasant Street Des Moines, Iowa 50309
Palmer Lutheran Heatth Center	563-422-3811	c.meyer@palmerlutheran.org	www.palmerlutheran.org	112 Jefferson StreetWest Union, IA 52175
Spencer Hospital	712-264-8300	webmaster@spencerhospital.org	www.spencerhospital.org/	1200 First Avenue EastSpencer, IA 51301
Hegg Memorial Health Center	712-476-8100	dustin.berg@hegghc.org	www.avera.org/hegg-memorial-health-center	2121 Hegg DriveRock Valley, IA 51247
Horn Memorial Hospital	712-364-3311	Kutterback@hornmemorialhospital.org	www.hornmemorialhospital.org	701 East 2nd StIda Grove, IA 51445
Edgerton Women's Health Center	563-359-6633	questions@maternal.org	www.qcwomenshealth.org	1510 East Rusholme StreetDavenport, Iowa 52803
Louisa county Public Health	319-523-3981	lcph@louisacomm.net	www.louisacountyiowa.org	805 J.L. Hodges AveWapello, IA 52653
Lucas County Health Center	641-774-3000	mjfisher@lchcia.com	www.lchcia.com/	1200 North 7th StreetChariton, IA 50049
Iowa Specialty Hospital - Clarion	641-444-5623	greg.polzin@iaspecialty.com	www.iowaspecialtyhospital.com	Iowa Specialty Hospital - Clarion 1316 S. Main Street Clarion, IA 50525
Delaware County Memorial Hospital; DBA; Regional Medical Center	563-927-3232	Information@regmedctr.org	www.regmedctr.org	709 W. Main St.Manchester, Iowa 52057
Trinity Regional Medical Center	515-573-3101	trmc@unitypoint.org	www.unitypoint.org/fort-dodge	802 Kenyon RoadFort Dodge, Iowa 50501
Wheaton Franciscan Healthcare - Iowa	800-828-0159	Info.WheatonIowa@wfhc.org	www.wheatoniowa.org/default.aspx	Covenant Medical Center3421 W 9th StWaterloo, IA 50702